父もの广祥王

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Mr. Matthew P. Stein Inst. #A 492.058 Belmont Correctional Inst. P.O. Box 540 St. Clairsville, Ohio 43950

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NEUROLOGICAL SURGERY

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17 February 2008

Mr. Matthew P. Stein Inst. #A 492.058 Belmont Correctional Inst. P.O. Box 540 St. Clairsville, Ohio 43950

Dear Mr. Stein:

Dr. Paul Byrne contacted me quite some time ago regarding the case against you. There is no question in my mind but that Aiden suffered a chronic subdural hematoma, which actually began considerably earlier than its clinical presentation (the time he stopped breathing), and quite likely as far back as birth, and I would say this to a reasonable degree of medical certainty. The chronic subdural hematoma by definition comes to clinical attention because it is expanding by rebleeding. This most emphatically does not imply additional trauma, it means simply that the normal healing processes for absorption of blood within what is described as the subdural space are not functioning adequately. Hence, the original injury actually occurs weeks or months prior to the time of clinical presentation, and as such, is usually not appreciated as being significant, or is outright overlooked. The single most traumatic event in a newborns life is birth, and it is well understood that such intracranial bleeding may occur even after a normal delivery, let alone a difficult one.

Finally, this injury could not have been inflicted by manual shaking, as it has been demonstrated that human beings are physically incapable of shaking an infant vigorously enough to cause intracranial bleeding, and if an infant actually were to be vigorously shaken in such manner, one would first expect to see injuries to the neck and its enclosed structures, including the spinal cord.

If I can be of any further assistance, please do not hesitate to ask.

Sincerely.

Ronald H. Uscinski M